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CONFIRMATION NO. 8624

<b>SERIAL NUMBER</b> 10/774,242	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 5820.646
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/445,774 02/07/2003 *HR*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE HR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
04/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OK	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 9
Verified and Acknowledged Examiner's Signature <i>HR</i> Initials				

## ADDRESS

30589

## TITLE

Antiplasmin cleaving enzyme

<b>FILING FEE RECEIVED</b> 652	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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